

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application No.	10/773,487
	Filing Date	February 6, 2004
	First Named Inventor	Shehzad T. Merchant
	Group Art Unit	2155
	Examiner Name	David Y. Eng
	Attorney Docket Number	2717P178

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with Customer Number:

45220

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

08791

OR

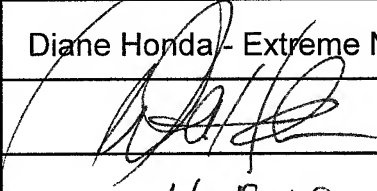
<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		Zip Code	
Country		Telephone		Fax	

I am the:

☐ Applicant.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under of 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Diane Honda - Extreme Networks VP, General Counsel & Secretary
Signature	
Date	4.8.10.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.